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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/406,803	09/28/1999	TSUGIO OKAMOTO	Q056006	1953

7590 02/06/2004

SUGHRUE MION ZINN MACPEAK AND SEAS PLLC  
2100 PENNSYLVANIA AVENUE NW  
WASHINGTON, DC 200373213

EXAMINER
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MEHRA, INDER P

ART UNIT	PAPER NUMBER
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2666

DATE MAILED: 02/06/2004

12

Please find below and/or attached an Office communication concerning this application or proceeding.

# Interview Summary

Application No.

09/406,803

Applicant(s)

OKAMOTO, TSUGIO

Examiner

Inder P Mehra

Art Unit

2666

All participants (applicant, applicant's representative, PTO personnel):

(1) Inder P Mehra.

(3) \_\_\_\_\_.

(2) Andrew J. Taska, Attorney, Regd. No. 54,666.

(4) \_\_\_\_\_.

Date of Interview: 27 January 2004.

Type: a) ☒ Telephonic b) ☐ Video Conference

c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☒ No.

If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: 1 and 6.

Identification of prior art discussed: Bakes et al (US Patent No. 5,956,335).

Agreement with respect to the claims f) ☐ was reached. g) ☒ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Functional address and the multicast address disclosed in Bakes do not respectively conform to different address formats Further, Applicant argues, "In Bakes, disclosed functional address is not written with Multicast address".

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

  
D. M. T.  
PRIMARY EXAMINER

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

  
Examiner's signature, if required